

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0960-0788)**

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**TITLE OF INFORMATION COLLECTION:** Survey of Social Security Partners

**BACKGROUND:**

SSA has partnered with third-party advocacy groups for many years. We designed his relationship to facilitate information sharing about Social Security’s programs with the public.

**PURPOSE:**

We propose to conduct an online survey of third-party advocate organizations who signed up for information about Social Security’s programs and services. We seek feedback on our existing website features and social media sites, and will solicit suggestions on how we can serve the advocate organizations better. Our goal is to evaluate customer satisfaction of our products by determining their quality and effectiveness measuring the use of these products by third parties.

**METHODOLOGY:**

SSA will share a satisfaction survey with third-party organizations who have registered their email addresses with SSA. We will use an automated web-based collection tool for the survey. The survey will be easy to read and complete. Skips strategically placed in the survey will ensure minimal impact on respondents. The survey is voluntary.

We will administer the survey in February 2016. It will remain open for two weeks.

**DESCRIPTION OF RESPONDENTS:**

- o National, regional, and local Advocacy Groups
- o Third-party representatives
- o State and local agencies, and Tribal Governments
- o National and Local Media Outlets

**TYPE OF COLLECTION:**

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> <b>Customer Satisfaction Survey</b> |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                         |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: Intercepts                              |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

- The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: **Naomi Sipple, Reports Clearance Team Leader, Social Security Administration**

To assist review, please provide answers to the following questions:

**Personally Identifiable Information:**

- Is personally identifiable information (PII) collected?  Yes  No
- If yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes [...] No
- If Applicable, has a System or Records Notice been published?  Yes [...] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)
Third-party Organizations	4,000	8	533
<b>Totals</b>	<b>4,000</b>	<b>8</b>	<b>533</b>

**FEDERAL COST:** The estimated annual cost to the Federal Government is negligible.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

- Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
 Yes  No

If the answer is yes, please provide a description of both below (or attach the sampling plan). If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

The Office of Communications maintains a mailing list for national, regional and local advocacy groups, third-party representatives, federal, state, and local agencies, and tribal governments, and national and local media outlets. This list is voluntary for subscribers to SSA’s outreach notification. We will send the survey to all subscribers. This is a qualitative survey.

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)  
 **Web-based or other forms of Social Media**

- Telephone
- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**USE OF RESULTS:**

We will use the research results to measure the usefulness of current media products and to help determine future communication products and services based on feedback from the third parties.

**NAME OF CONTACT PERSON:** Naomi Sipple

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